

FATIGUE IN THE INFUSION CHAIR MAKING OUR TEACHING COUNT

PRESENTATION 2025

Using Common Terminology
Criteria for Adverse Events
(CTCAE) to Right-Size
Education

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Common Side Effects of Cancer Treatment?

- What are the top 5 common side effects from chemotherapy, immunotherapy, radiation, etc.?
- Number them in order of frequency



Most Common Side Effects from Cancer Treatment

Fatigue / Low Energy

>80% during chemo or radiation

[Frontiers+3Cancer.gov+3PubMed+3](#)

Sleep Disturbance / Insomnia

~60% (range ~30–90% across studies)

[PMC+1](#)

Pain

~50% during treatment

[PMC+1](#)

Nausea & Vomiting

~40–80% at some point during treatment, depending on regimen & antiemetics

[Cancer.gov+5ACS Journals+5](#)

Emotional Distress

(anxiety and/or depression)
20–40% each

[LWW Journals+4PMC+4PMC+4](#)

Presentation Obectives

- Significance of fatigue in oncology setting - In what ways is fatigue affecting our patients
- Incidence of fatigue - How many of our patients are affected by fatigue related to their treatment and other related causes
- Evidence based interventions - Studies show that nonpharmacological interventions are more effective than medications
- Resources - Each other! And sample scripts for education, handouts and Epic tips.



What is CRF (Cancer-Related Fatigue)?

- Not just “being tired” — daily lack of energy, not fixed by sleep, can last months/years.[cancer.gov+2NCBI+2](#)
- Related to both disease and treatment (chemo, radiation, surgery, immunotherapy, endocrine therapy).[cancer.gov+1](#)
- Often out of proportion to activity: “I empty the dishwasher and I’m done for the day.”



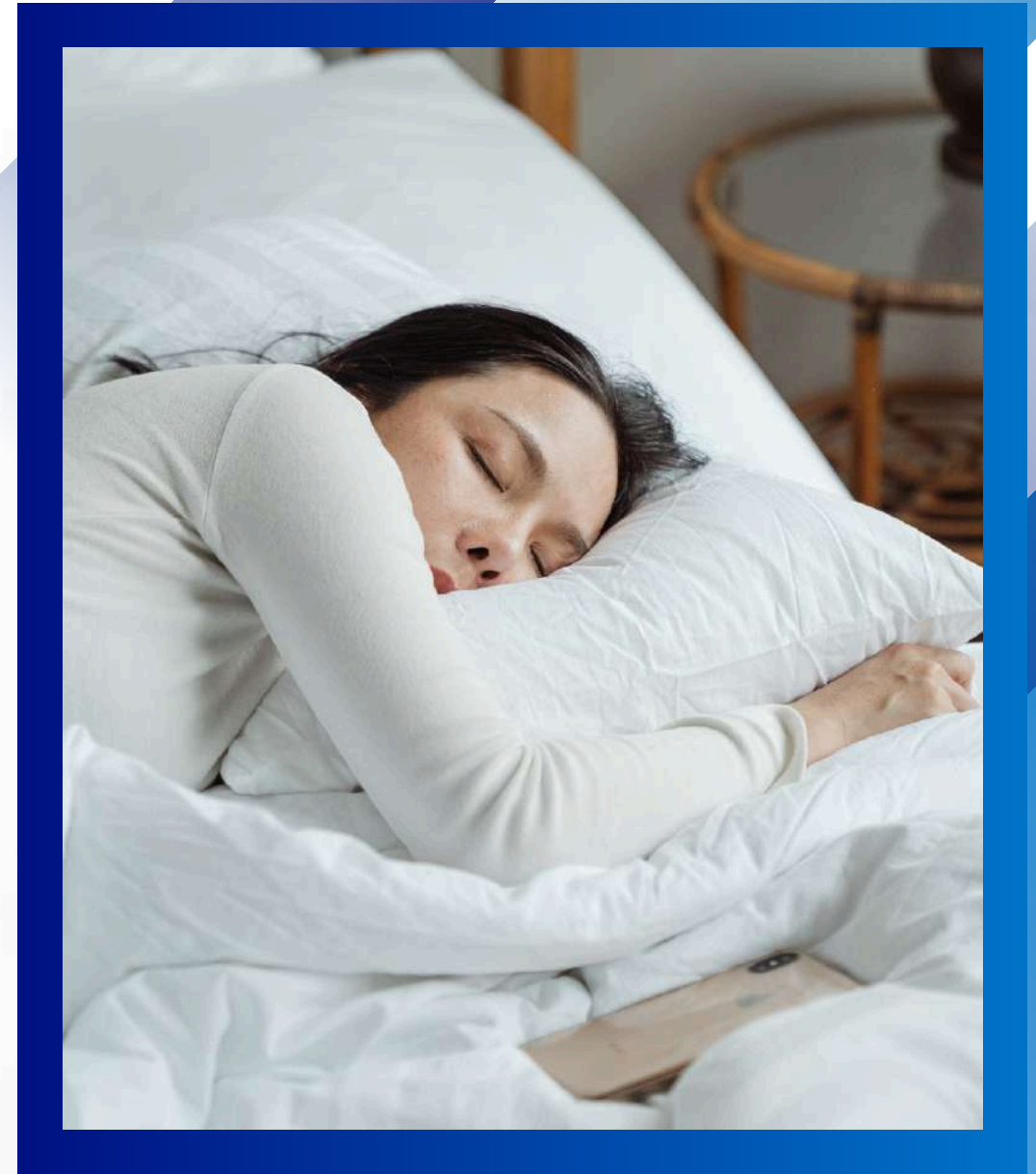
How common and serious is CRF?

- **Most patients get fatigue during treatment**
 - NCI PDQ: ~**80%** of patients report fatigue while receiving chemotherapy or radiation. [cancer.gov](https://www.cancer.gov)
 - Patient-education sources summarize the range as 26–90% of patients having fatigue during treatment. [Oncolink](https://www.oncolink.org)



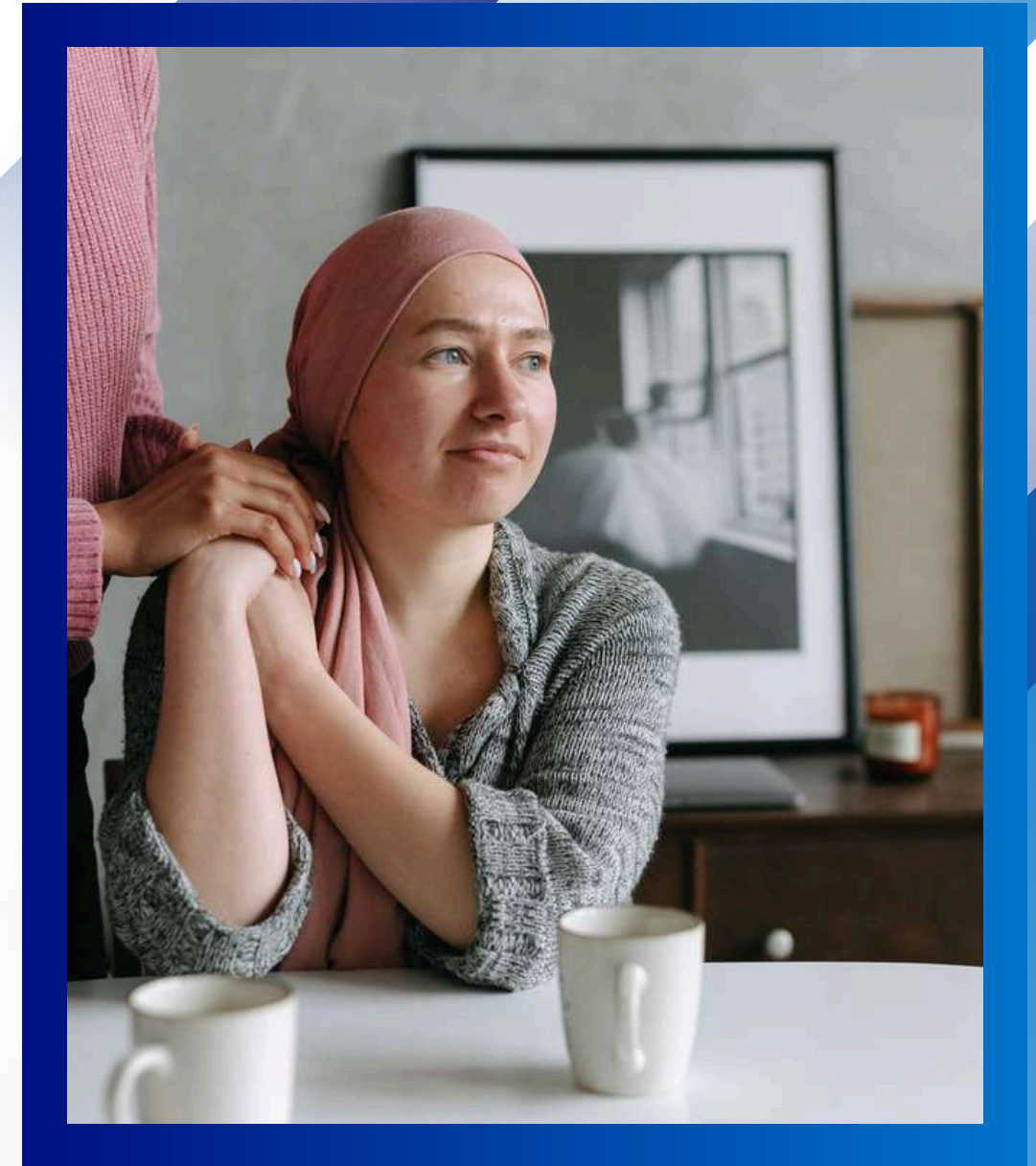
Why Fatigue Teaching Matters

- Fatigue is the most common side effect of cancer treatment (chemo, radiation, transplant).[cancer.gov+1](#)
- Meta-analyses: ~40–60% of patients report significant fatigue during treatment, often more in advanced disease.[PubMed+2ScienceDirect+2](#)
- It affects safety (falls, driving), adherence, mood, and ability to work or care for family.[cancer.gov+1](#)



How common and serious is CRF?

- It often doesn't go away quickly
 - In a large breast-cancer cohort, >30% of women still had severe global fatigue at 1, 2, and 4 years after diagnosis. [cancer.gov](https://www.cancer.gov)
 - In a 2024 hospital-based study (Ethiopia), 77.4% of adults with cancer had clinically significant fatigue. [Frontiers](https://www.frontiersin.org)



How common and serious is CRF?

- Fatigue is not just “being tired” – it’s linked to survival
 - NCI notes that clinically significant fatigue may negatively impact survival. [cancer.gov](https://www.cancer.gov)
 - In a 2025 study of 6,057 long-term survivors (breast, prostate, colorectal), physical fatigue was associated with a 69% higher risk of death over 5 years, and total fatigue with a 48% higher risk. [Nature](https://www.nature.com)



When Fatigue Affects ADLs, Independence Drops

ADL disability is common in cancer

- Systematic review of 43 studies (19,246 adults) with cancer:
 - 36.7% had difficulty or needed help with ≥ 1 **basic ADL** (bathing, dressing, transfers).
 - 54.6% had difficulty or needed help with ≥ 1 **instrumental ADL** (housework, shopping, transportation).

[King's College London Pure](#)

Which activities are most affected?

- Basic ADLs: personal hygiene, walking, transfers.
- Instrumental ADLs: housework, shopping, transportation.

[King's College London Pure](#)

Clinical takeaway for infusion:

- If fatigue is limiting chores, shopping, or self-care, there is a **high chance the patient has ADL/IADL disability** and needs more than “generic” teaching.



Older adults with cancer: fatigue → loss of independence

**CARE registry
(374 adults ≥ 60 with GI cancers; mostly stage III–IV):**

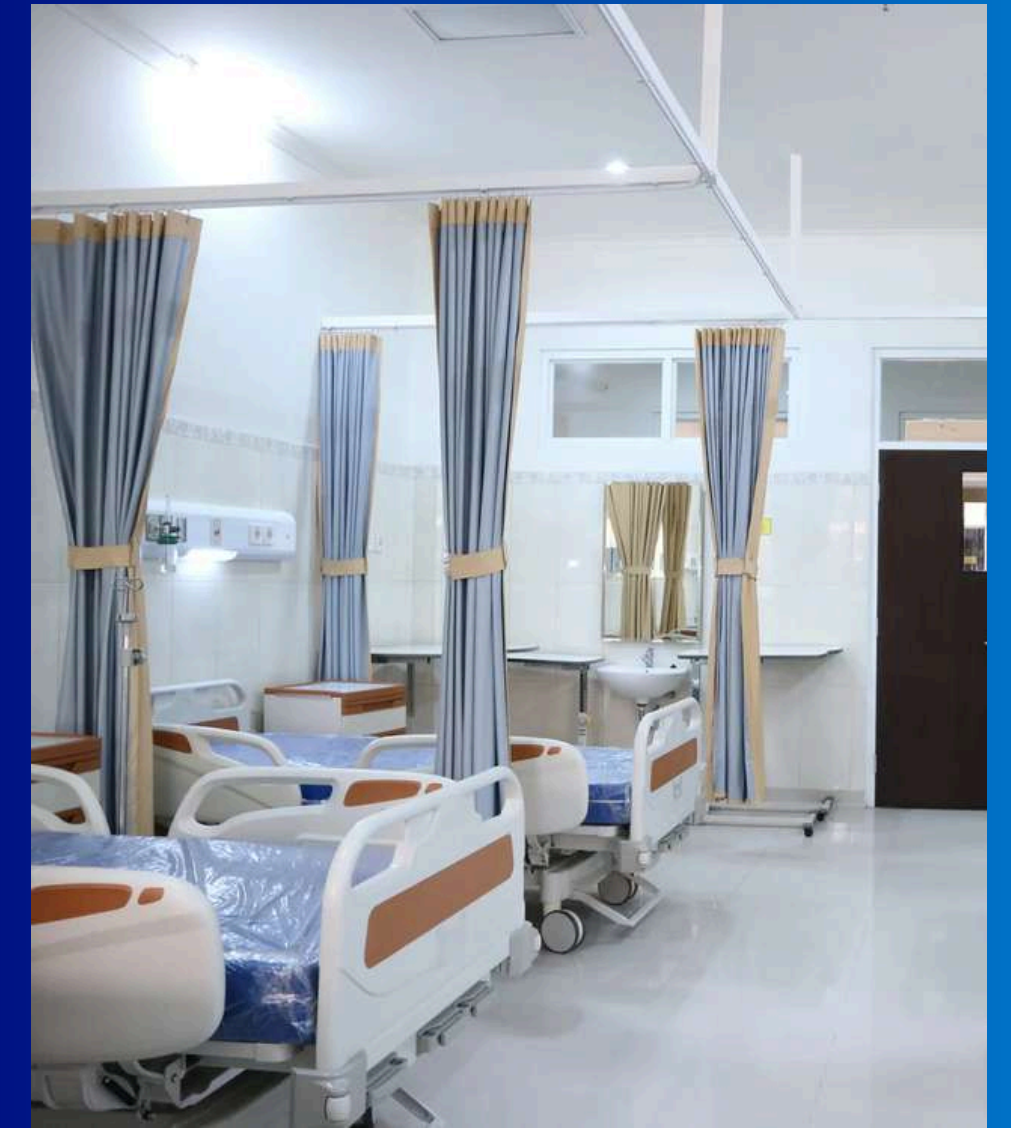
- 58% reported moderate–severe fatigue.
- Those with significant fatigue had $\sim 2\times$ higher odds of IADL impairment and $\sim 3.6\times$ higher odds of basic ADL impairment even after adjusting for age, stage, comorbidities, etc.

[PubMed](#)



Fatigue + Functional Impairment = Worse Hospital Outcomes

- In hospitalized advanced cancer patients (MGH, n = 971): [PubMed](#)
 - **40.2%** had functional impairment (difficulty with ≥ 1 ADL).
- Compared with those without impairment, functionally impaired patients had:
 - **Higher physical symptom burden** (mean ESAS physical score 35.3 vs 30.9). [PubMed](#)
 - More **moderate–severe pain** (74.9% vs 63.1%). [PubMed](#)
 - More **depression** (38.3% vs 23.6%) and **anxiety** (35.9% vs 22.4%). [PubMed](#)
- Clinical outcomes:
 - **Longer hospital stays:** on average **~1.3 extra days** in hospital. [PubMed](#)
 - **Worse survival:** **73% higher risk of death** vs those without functional impairment. [PubMed](#)

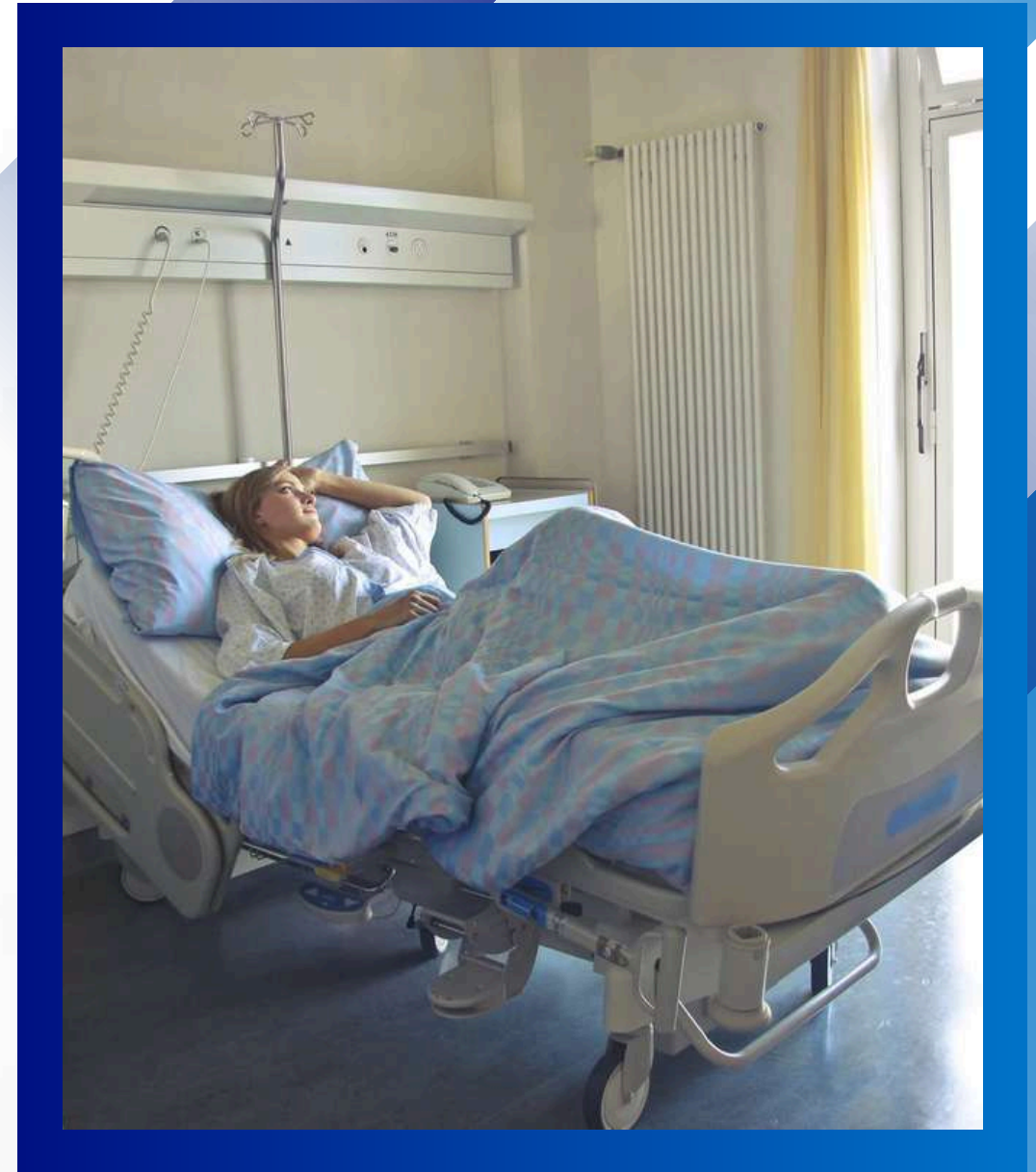


Symptoms (including fatigue) drive hospital use

A randomized trial and prior work from the same group note that symptoms such as pain, fatigue, and nausea contribute to **prolonged hospitalizations and readmissions** in advanced cancer. [JAMA Network](#)

When fatigue is severe enough to limit ADLs, it travels with higher pain, mood symptoms, longer hospital stays, and higher mortality

This makes a strong case for using CTCAE grading + functional questions to decide **who needs more teaching and provider action now.**



What actually helps?

Evidence for key techniques you teach

Big picture:

Exercise has some of the strongest evidence for CRF and is recommended as first-line in major guidelines.



All cancer types

– exercise vs control

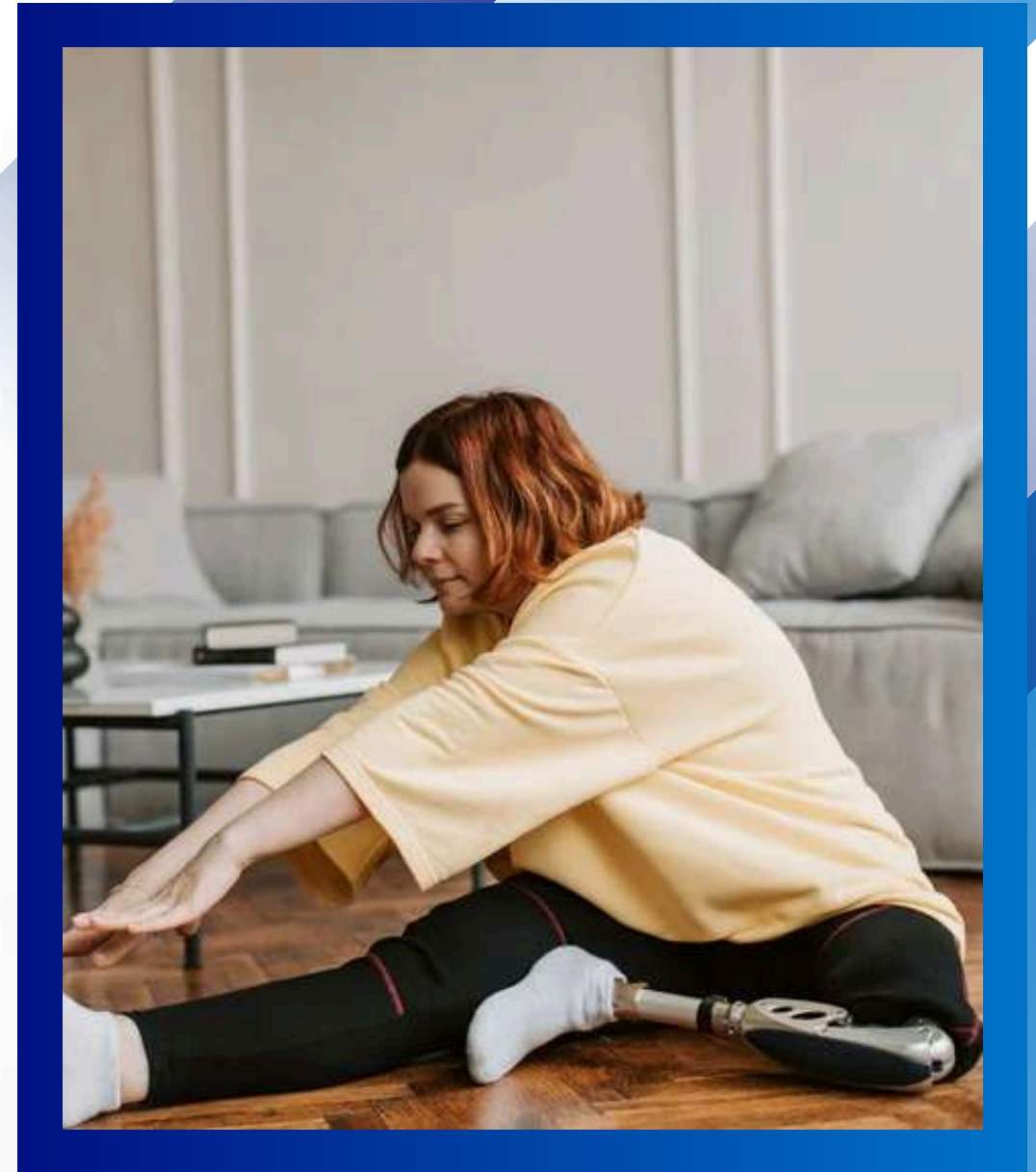
- JAMA Oncology meta-analysis of **113 trials (11,525 participants)** compared exercise, psychological, combined, and medication treatments for CRF: [PubMed](#)
 - **Exercise alone:** weighted effect size 0.30 (Cohen d), i.e., **small-to-moderate improvement** in fatigue.
 - **Psychological interventions:** d 0.27.
 - **Exercise + psychological:** d 0.26.
 - **Medications:** only d 0.09, not clearly effective.
- Conclusion: **exercise and psychological interventions are significantly more effective than available drugs** and should be considered **first-line treatments** for CRF. [PubMed](#)



Exercise type & dose (breast cancer example)

2024 meta-analysis of **26 RCTs** in breast cancer: [MDPI](#)

- Aerobic exercise: SMD **-0.17** (modest improvement).
- Resistance exercise: SMD **-0.37** (moderate improvement).
- Combined aerobic + resistance: SMD **-0.53** (moderate–large improvement).
- Best results when done ≥ 3 times/week, >60 min/session, totaling ≥ 180 min/week.



Practical “dose” message you can say to patients:

Newer meta-analyses suggest that **2–3 sessions per week, ≥ 60 minutes each, for about 12 weeks** significantly reduce CRF. [PLOS+1](#)



Psychosocial, CBT-style, and mindfulness/yoga interventions

Yoga, psychosocial, mindfulness – 70 RCTs, 6,387 participants

- 2022 meta-analysis of 70 interventions (24 yoga, 31 psychosocial, 15 mindfulness-based): [MDPI](#)
 - **Yoga:** SMD -0.35 (small-to-moderate reduction in fatigue).
 - **Psychosocial (often CBT-based):** SMD -0.43 (moderate reduction).
 - **Mindfulness-based (e.g., MBSR):** SMD -0.73 (large reduction, though small-study bias likely inflates this somewhat).
- Group-based psychosocial interventions that **work on thoughts/beliefs about fatigue** (cognitive work) had the largest effects. [MDPI](#)



Guideline support

NCCN CRF guidelines state that when specific causes of fatigue can't be fully corrected, **non-pharmacologic interventions** should be offered, including:

- **Moderate exercise,**
- **Psychosocial programs** to manage stress and increase support,
- **Energy conservation** strategies,
- **Nutritional and sleep interventions.**

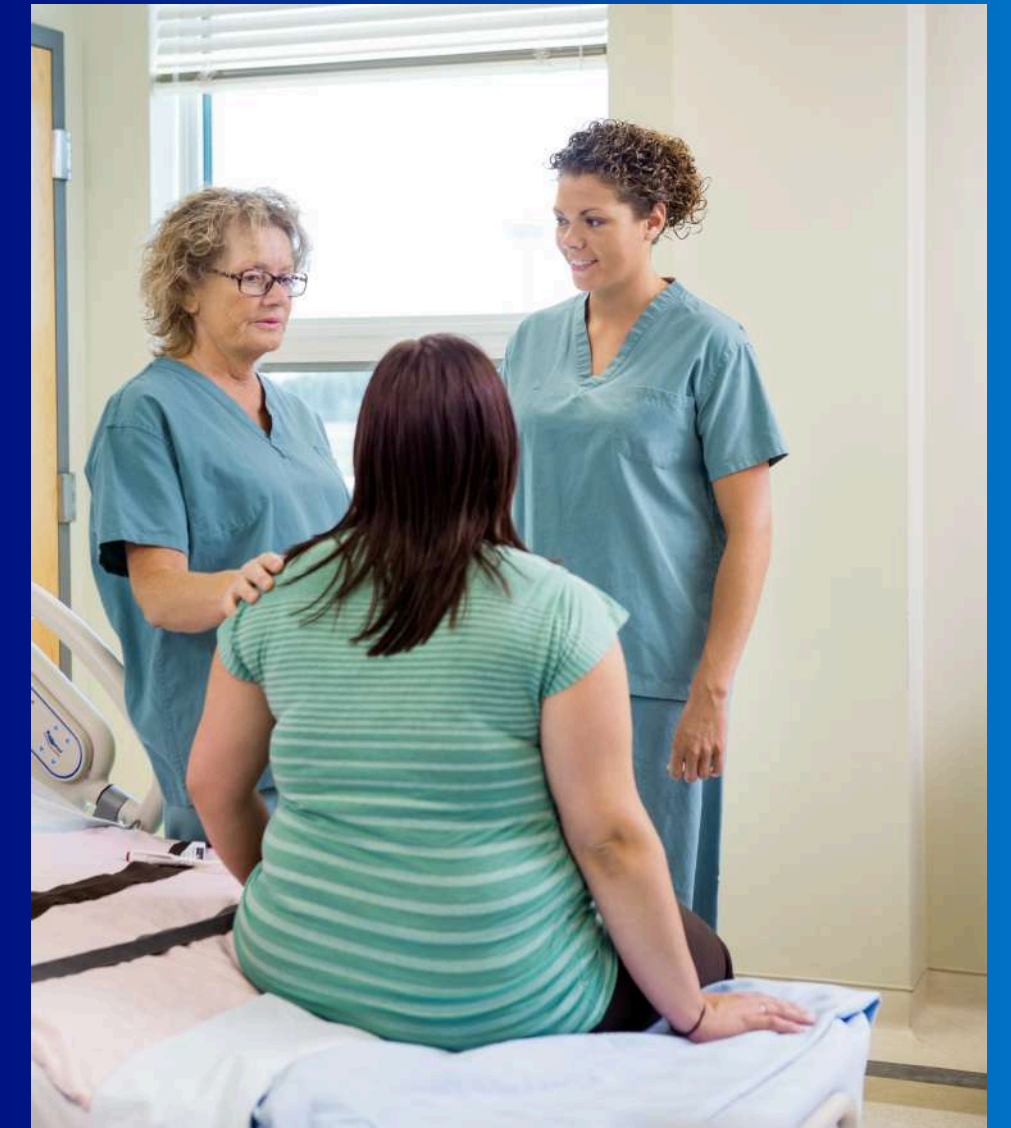
[Amazon Web Services, Inc.](#)

There are 60+ randomized trials showing that simple mind-body and cognitive-behavioral tools, like the relaxation and pacing strategies we already teach, produce small-to-moderate improvements in fatigue.



Evidence-based Summary

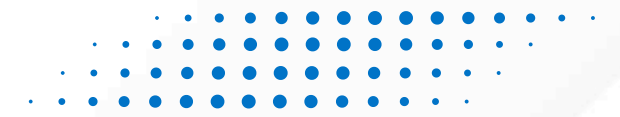
- NCCN guidelines on cancer-related fatigue, which recommend exercise, psychosocial programs, energy conservation, and sleep interventions as core non-pharmacologic management. [Amazon Web Services, Inc.](#)
- Large meta-analyses showing that **exercise, CBT-style coping skills, yoga, and mindfulness** reduce fatigue more effectively than medications. [PubMed+2MDPI+2](#)



Team Reality Check (Interactive)

- “When a patient says ‘I’m just really tired,’ what do you usually say back?”
- “What do you document about that teaching?”
- Medical reasons that contribute to or cause of fatigue?





What Drives Fatigue (And What We Can Influence)

- Medical contributors: anemia, thyroid issues, infection, pain, heart/lung issues, meds (opioids, antiemetics, sleep meds).[cancer.gov+1](#)
- Lifestyle/symptom contributors: poor sleep, low activity, poor nutrition/dehydration, stress, anxiety, depression.[cancer.gov+2NCBI+2](#)
- Our lane in infusion:

✓ Screen and grade accurately

✓ Normalize and educate

✓ Offer practical strategies

✓ Flag red flags to providers

Fatigue

Select single option (F5)

Grade 0=Absent or within normal limits

Grade 1=Fatigue relieved by rest

Grade 2=Fatigue not relieved by rest OR limiting instrumental ADL

Grade 3=Fatigue not relieved by rest, limiting self care ADL

✓ Screen and grade accurately

Use the CTCAE grade 0-3 and consider adding a comment on the flowsheet supporting the grade selected.

✓ Normalize and educate

Validate the patient's feelings and repeat back what they report: "I hear you. Your fatigue is effecting your everyday life."

✓ Offer practical strategies

Provide 1-2 specific methods to cope. Explain that the intervention is evidence based (share the why not just the what). Obtain referral(s), if appropriate (PT/OT, Palliative Care).

✓ Flag red flags to providers

Notify provider what ADL or IADL is being impacted by the patient's fatigue and ask for a plan to address it.

CTCAE Fatigue (v5): A Shared Language

- CTCAE is the standard grading system for treatment toxicities; we already use it in trials/notes. [Myeloma UK+1](#)
- Definition: Generalized weakness and reduced ability to summon energy for daily activities. [dctd.cancer.gov+1](#)

Grade	Short description (v5)	Function impact
1	Fatigue that <i>gets better with rest</i>	Daily activities okay
2	Fatigue <i>not relieved by rest</i> and limiting instrumental ADLs (shopping, housework, paperwork, cooking)	Trouble with “life tasks” but self-care intact
3	Fatigue <i>not relieved by rest</i> and limiting self-care ADLs (bathing, dressing, eating)	Needs help with basic self-care; safety concerns



From CTCAE Grade → Teaching Intensity

Fatigue

Select single option (F5)

Grade 0=Absent or within normal limits

Grade 1=Fatigue relieved by rest

Grade 2=Fatigue not relieved by rest OR limiting instrumental ADL

Grade 3=Fatigue not relieved by rest, limiting self care ADL

Comments (Alt+M)



Grade 1 (mild):

Quick reinforcement + 1–2 strategies; encourage tracking and early reporting.



Grade 2 (moderate):

Longer teaching (1–2 minutes), identify contributors (sleep, meds, mood), add more specific strategies; consider referrals, labs, provider f/u. [BC Cancer+1](#)



Grade 3 (severe):

Focus on safety and urgent evaluation (falls, not eating, can't get out of bed); likely need provider at chairside or urgent visit.



Quick Fatigue Assessment in Infusion

- 0–10 scale in the last 24 hours (“If 0 is no fatigue and 10 is the worst you can imagine...”).
- 3 clarifying questions:
 - “Does rest or a nap help?”
 - “What are you having to give up or change because of fatigue?”
 - “Has this changed in the last week or two?”
- What are other nurses asking patients?
- Use answers to estimate CTCAE grade (1, 2, or 3) and choose your teaching script.



What Actually Helps: Evidence-Based Strategies



- **Movement/exercise:** light-to-moderate activity (like walking) is one of the strongest interventions for CRF during and after treatment. [PubMed+2ascopost.com+2](#)
- **Mind-body/psychological:** CBT, mindfulness-based programs, yoga, tai chi/qigong, relaxation training. [ons.org+3PubMed+3ascopost.com+3](#)
- **Energy conservation & pacing:** planning, prioritizing, delegating, short breaks. [BC Cancer+1](#)
- **Address causes:** anemia, hypothyroidism, meds, pain, insomnia, depression, nutrition. [cancer.gov+3cancer.gov+3NCBI+3](#)

✓ Movement/exercise

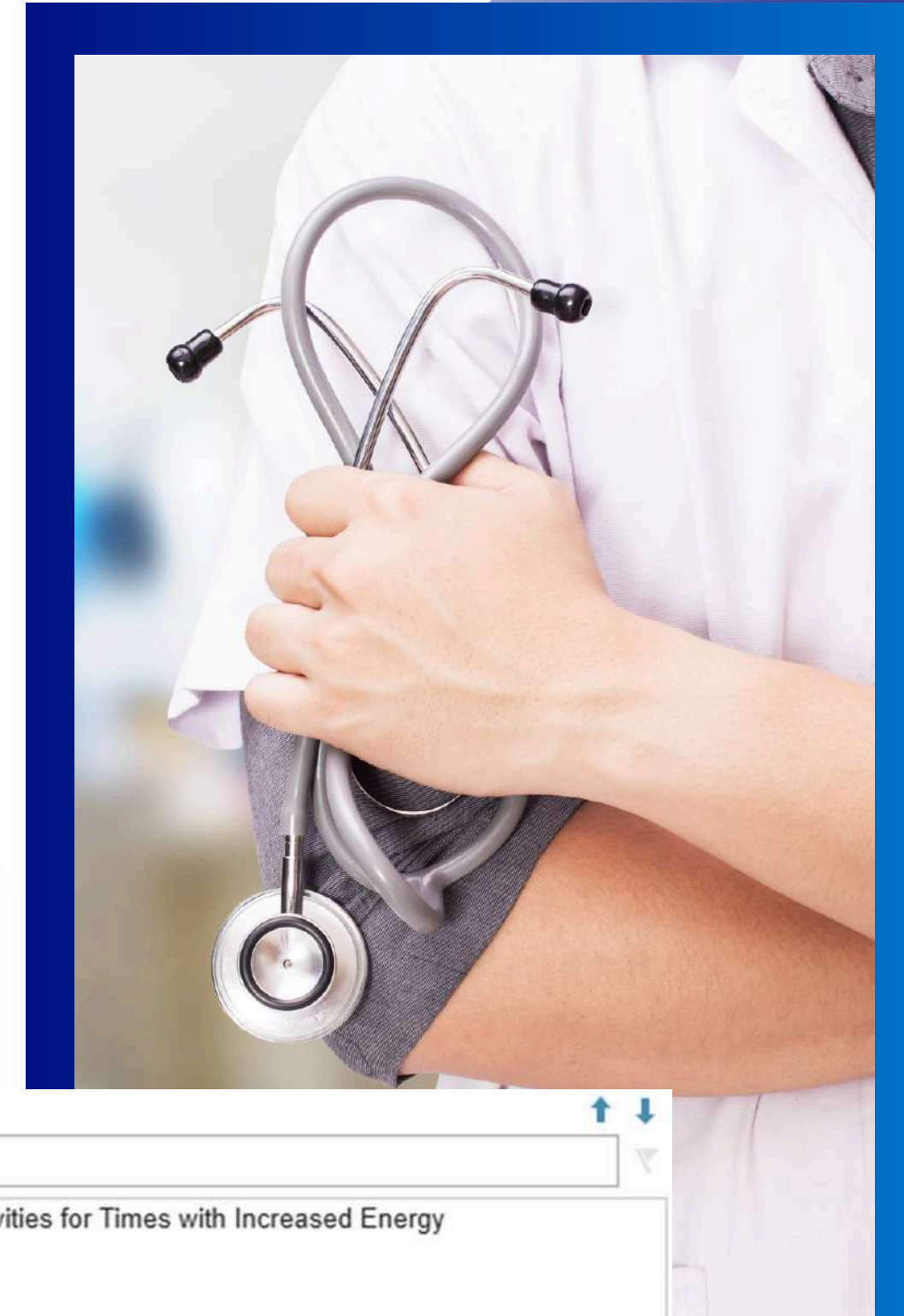
✓ Energy conservation & pacing

✓ Mind-body/psychological

✓ Address causes

Epic Documentation Options, Grouped

- Plan and conserve energy:
 - Prioritize activities; schedule high-priority tasks for higher-energy times (1)
 - Ask for help as needed (2)
 - Short, frequent rest periods (3)
 - Energy-enhancing activities (4)
- Movement & body routines:
 - Exercise if not medically contraindicated (5)
 - Maintain regular sleep schedule (6)
 - Maintain moderate home temperature (7)
- Relaxation & coping:
 - Progressive muscle relaxation (8)
 - Visualization (9)
 - Relaxation activities (10)
- Sleep symptom-specific: Insomnia (11)



Fatigue

Select multiple options (F5)

Prioritize Activities, Plan High-Priority Activities for Times with Increased Energy
Ask for Help as Needed
Exercise if not Medically Contraindicated
Maintain Regular Sleep Schedule & Short, Frequent Rest Periods
Energy Enhancing Activities, Progressive Muscle Relaxation, Visualization, Relaxation Activities
Maintain Moderate Temperature Home Environment
Insomnia
Given Written Information about Fatigue

The Language of Side Effects

- The Effect of Positively Framing Side-Effect Risk in Two Different Formats on Side-Effect Expectations, Informed Consent and Credibility: A Randomised Trial of 16- to 75-Year-Olds in England
<https://pubmed.ncbi.nlm.nih.gov/32557180/>
- Positively Framed Risk Information in Patient Information Leaflets Reduces Side Effect Reporting: A Double-Blind Randomized Controlled Trial
<https://pubmed.ncbi.nlm.nih.gov/30346496/>
- How does the side-effect information in patient information leaflets influence peoples' side-effect expectations? A cross-sectional national survey of 18- to 65-year-olds in England
<https://pubmed.ncbi.nlm.nih.gov/28618140/>



Example 60–90 Second Chairside Script

“A lot of people on this treatment feel a different kind of tired—like their ‘battery’ doesn’t recharge fully. On a 0–10 scale, where is your fatigue today?”

If it’s a 4 or 5 and rest still helps, that’s mild; we want to start protecting your energy now so it doesn’t snowball. One idea is to notice what time of day your energy is best and protect that time for what matters most—like a shower, work, or time with family.

Could you picture what that might look like for you this week?”



Quick patient scripts for your 11 Epic options

Each script is ~60–90 seconds when spoken. You can mix and match based on the patient. I'll put the “why” inside the script in plain language.

You can imagine opening every fatigue conversation with something like:

“A lot of people on this treatment describe a different kind of tired—cancer-related fatigue. It doesn't always get better with sleep and it can really interfere with daily life. There are things that can help, and I'd like to share one or two ideas that fit your day. Does that sound okay?”

Then layer in 1–3 of the following (there is a slide for each of the 11 options listed under the education flowsheet in Epic).



1. Prioritize Activities;

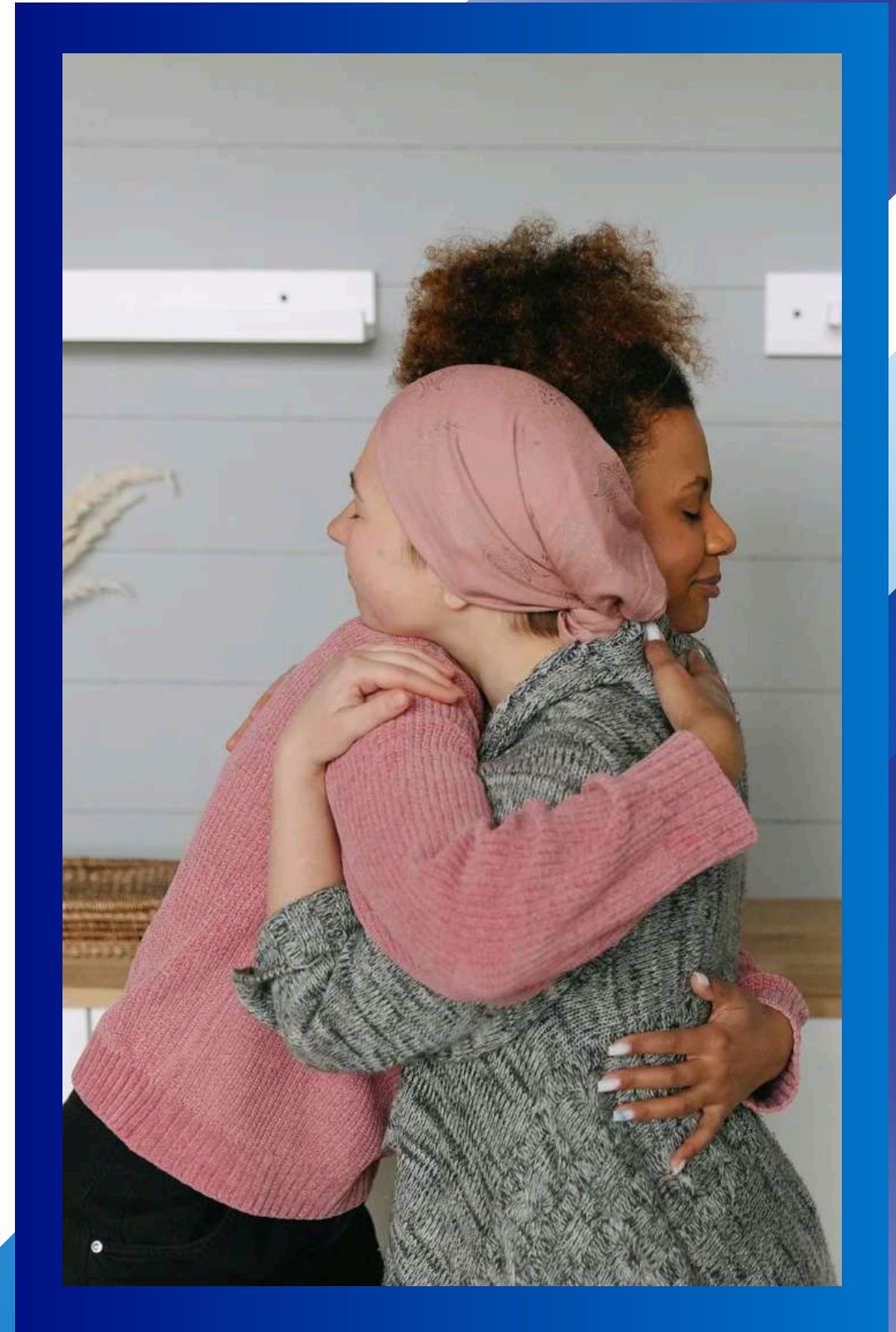
Plan High-Priority Activities for Times with Increased Energy

Script:

“Think of your energy like a bank account. You don’t get unlimited withdrawals each day, especially on chemo. Most people notice there’s a ‘better’ time of day—maybe late morning—when they have a little more in the account.

Over the next few days, I’d like you to protect that better time for what matters most to you—maybe a shower, making a simple meal, or time with your grandkids. Lower-priority things, like folding all the laundry or answering non-urgent emails, can move to a lower-energy time or another day.

That way your fatigue may not go away, but you’re using your best energy on the things that really matter, instead of on chores that could wait. What’s one important thing you’d want to use that ‘good’ time of day for?”



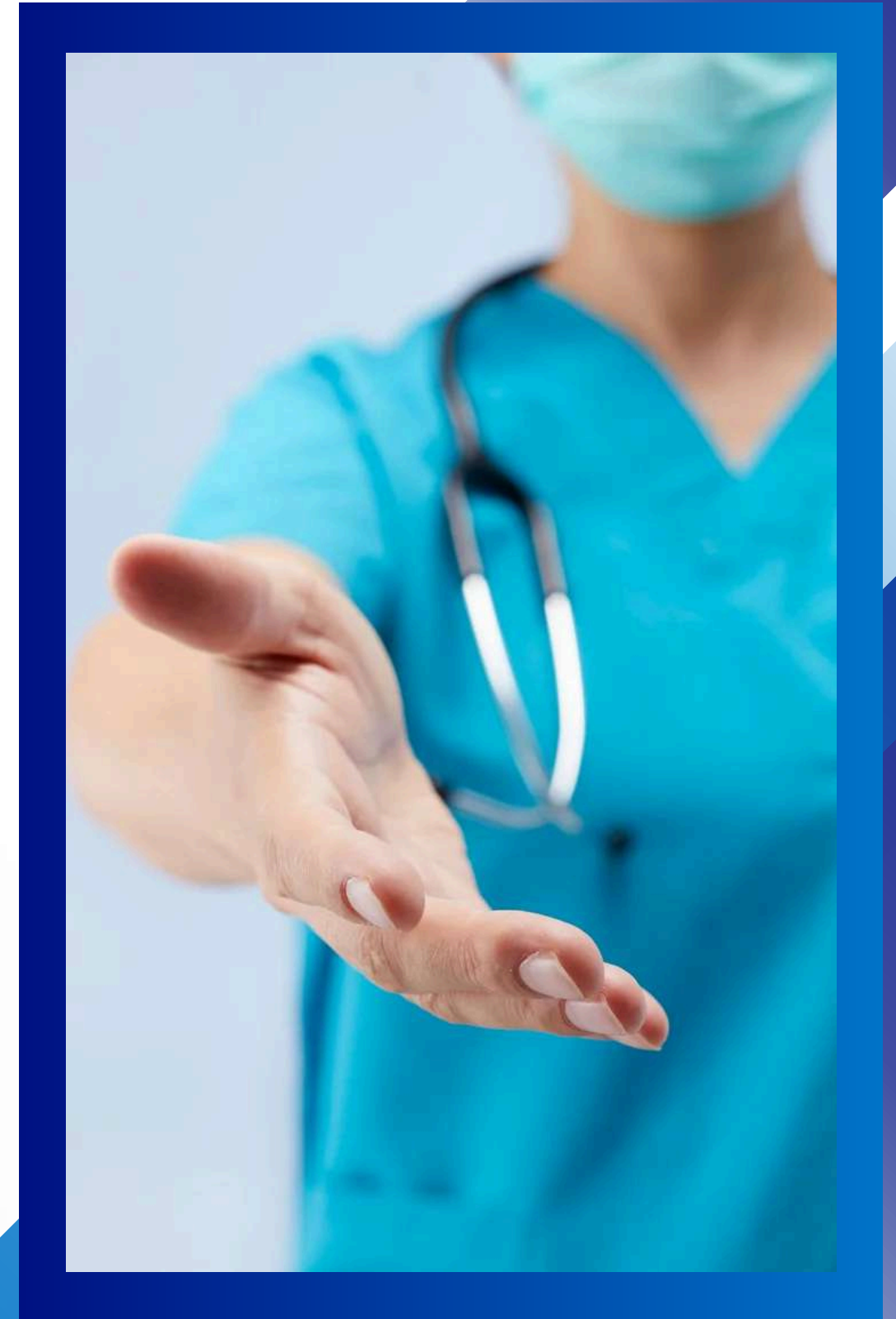
2. Ask for Help as Needed

Script:

“Cancer fatigue is not something you’re supposed to ‘push through’ alone. When your body is using energy to heal, it’s actually a sign of strength—not weakness—to accept help.

If there are people in your life who say, ‘Let me know what you need,’ this is the time to be specific. For example, ‘Could you bring dinner on Tuesdays?’ or ‘Can you drive me to treatment on my long days so I’m not driving tired?’

Sharing tasks like heavy cleaning, grocery shopping, or yard work frees up your limited energy for things only you can do, like going to appointments or spending time with family. Who is one person you might ask, and what’s one concrete thing they could take off your plate?”



3. Exercise

(if Not Medically Contraindicated)

Script:

“It sounds backwards, but with cancer fatigue, gentle movement actually helps your energy over time. Studies show that light to moderate activity—like a 10-minute walk—can make people feel less tired in the long run, sleep better, and feel more in control.[PubMed+2ascopost.com+2](#)

We’re not talking about training for a marathon. Think ‘small and steady.’ For many people, a good starting goal is a 5–10 minute walk once or twice a day on the days you feel up to it, even if it’s just around your home or down the hall.

If you do something like that most days, your muscles stay stronger and your body uses energy more efficiently, which can make the fatigue a bit less crushing. When do you think you could fit a short, gentle walk into your day?”



3. Exercise (continued) - Resources

- LIVESTRONG at the YMCA – YMCA of Central MA
 - FREE 12-week program, 2x/week, small group, free membership, cancer-trained instructors.
[YMCA of Central Massachusetts+1](#)
- PT/OT (if available through your system)
- Social work / behavioral health (for mood, insomnia, coping)

Quick patient script for LIVESTRONG:

“If you’d like more support with movement, there’s a program at the YMCA just for people who’ve had cancer, called LIVESTRONG at the YMCA. It’s free, 12 weeks long, in a small group, and run by trainers who understand chemo and fatigue. People work on strength, balance, and stamina at their own pace, and studies show it improves energy and quality of life. If you’re interested, we can give you the info and talk to your provider about clearing you for it.”



4. Maintain Regular Sleep Schedule

Script:

“When fatigue is bad, it’s really tempting to nap on and off all day and then be wide awake at 3 a.m. Unfortunately, that ‘mixed-up’ pattern often makes cancer fatigue worse.

Your body likes rhythm. Try to have a fairly steady bedtime and wake-up time, even on days you feel wiped. Short naps are fine—20 to 30 minutes—ideally earlier in the day, but long naps or late-afternoon naps can steal from your nighttime sleep.

Good nighttime sleep is like the foundation of the house; it won’t cure fatigue, but it can keep it from spiraling. Looking at your usual day, what time do you think you could aim to be in bed and to get up most days?”



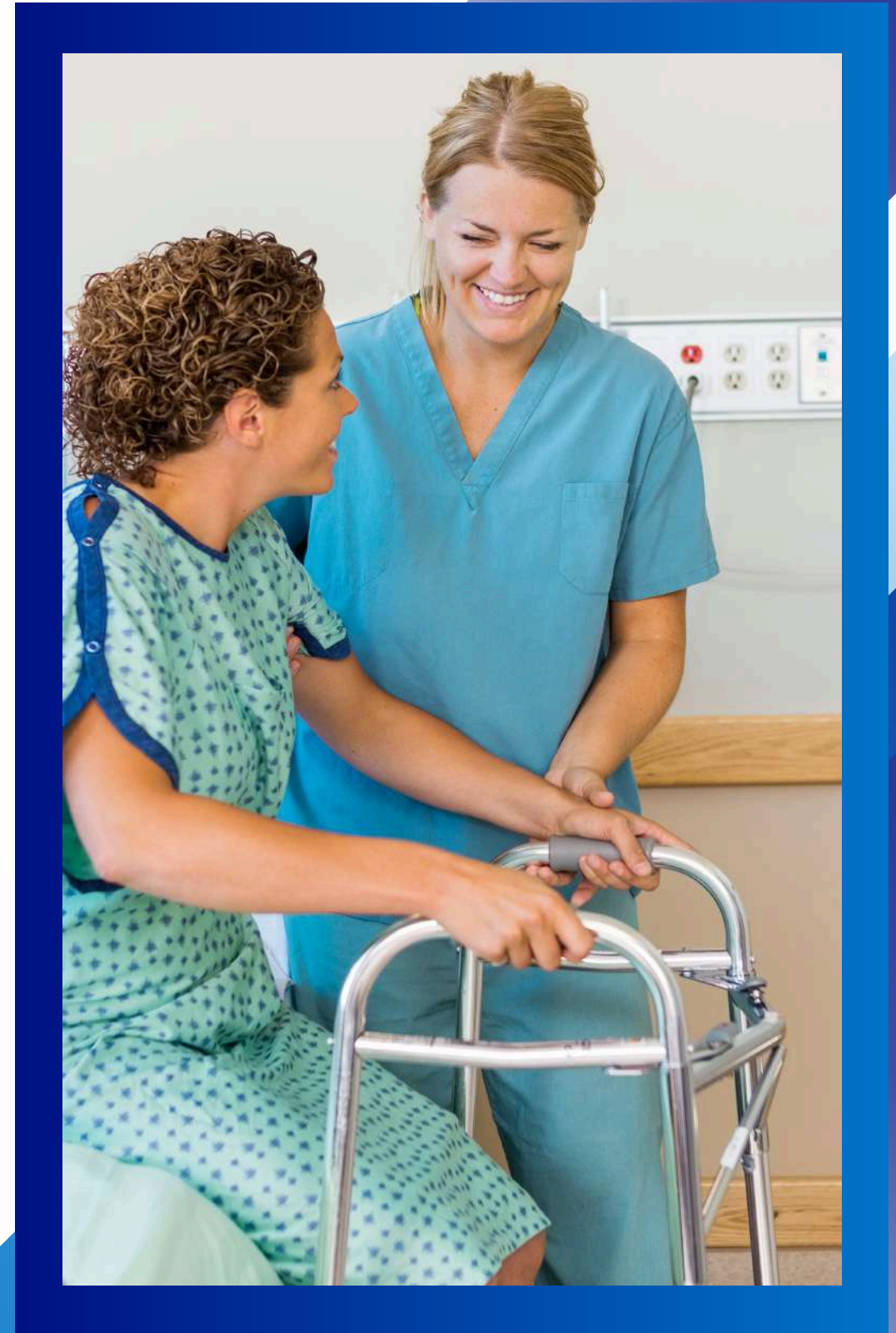
5. Short, Frequent Rest Periods

Script:

“With cancer-related fatigue, many people get into a ‘boom and crash’ pattern—doing everything on a good morning and then needing the next day to recover. That cycle actually trains your body to feel more wiped out.

Instead, think about planned pit stops. Every couple of hours, even if you feel okay, sit or lie down for 10–20 minutes: feet up, no phone, just truly resting. Short, regular breaks help your body recharge without letting you get so over-tired that you’re wiped out for the rest of the day.

Could you picture setting a reminder on your phone or clock for a short rest mid-morning and mid-afternoon?”



6. Energy-Enhancing Activities

Script:

“Energy isn’t only physical—there’s emotional and mental energy too. Doing small, enjoyable things can actually make the fatigue feel lighter, even if it doesn’t change the number on a 0–10 scale.

Think about things that feel light and pleasant and don’t take much effort: sitting outside for 10 minutes, listening to favorite music, chatting with a friend on the phone, watching a short funny show, doing a simple craft.

I’d love for you to pick one ‘energy-boosting’ activity each day, even on tougher days, so life doesn’t become only about appointments and resting. What’s one small thing that usually makes you feel a little more like yourself?”



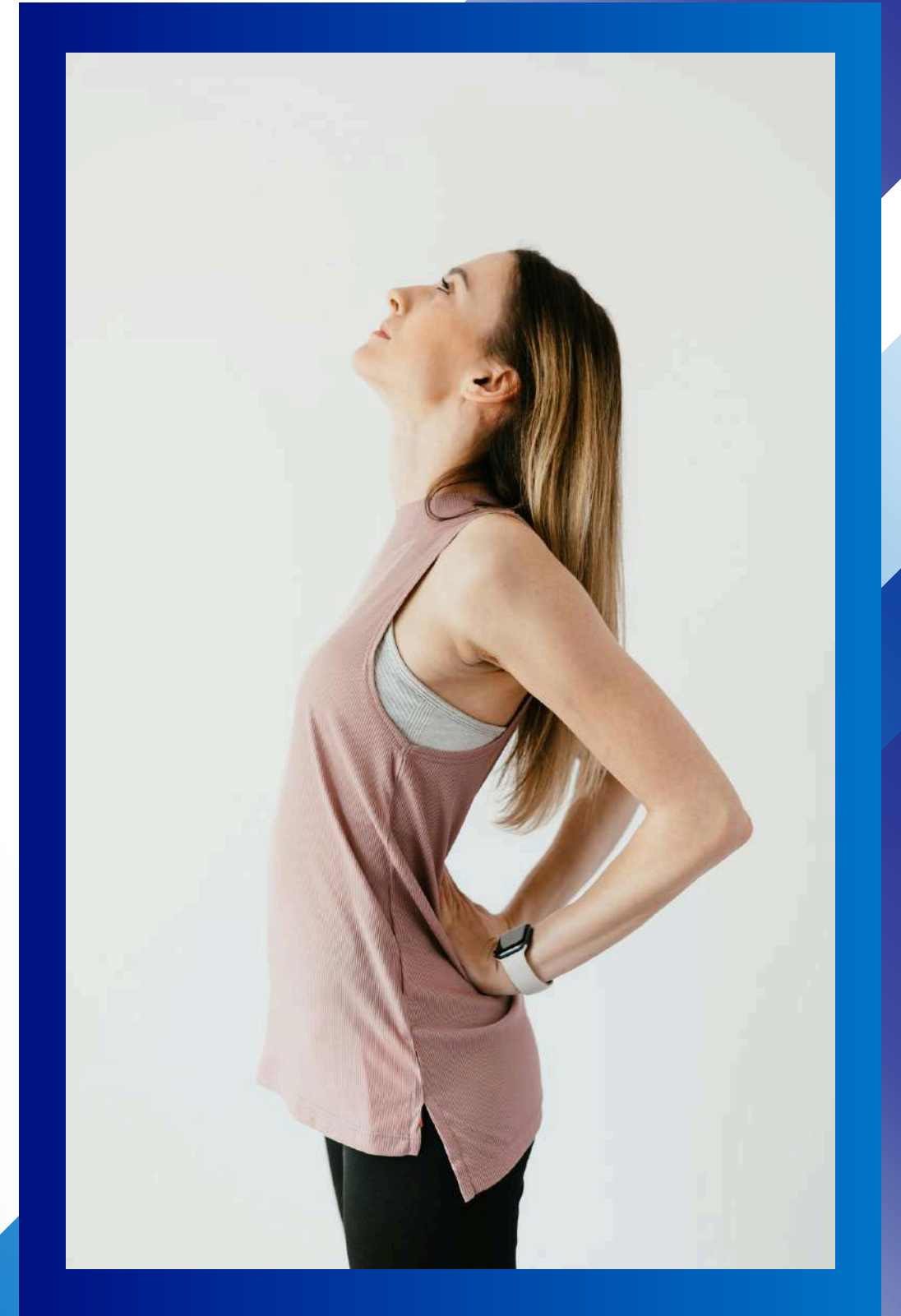
7. Progressive Muscle Relaxation

Script:

“When we’re tense or in pain, our muscles stay tightened without us realizing, and that constant tension uses up energy. One helpful tool is progressive muscle relaxation.

You can do it lying down or in a chair: gently tense a muscle group as you breathe in—say, your shoulders—hold for a few seconds, then release as you exhale and notice the difference. Then move to your arms, hands, legs, and so on.

There are free audio guides and apps that talk you through it in about 10 minutes. Practicing once a day can ease tension and sometimes improve sleep, which both help with fatigue. Would you be open to trying a short guided relaxation, maybe at bedtime or before a nap?”



7. Progressive Muscle Relaxation (free)

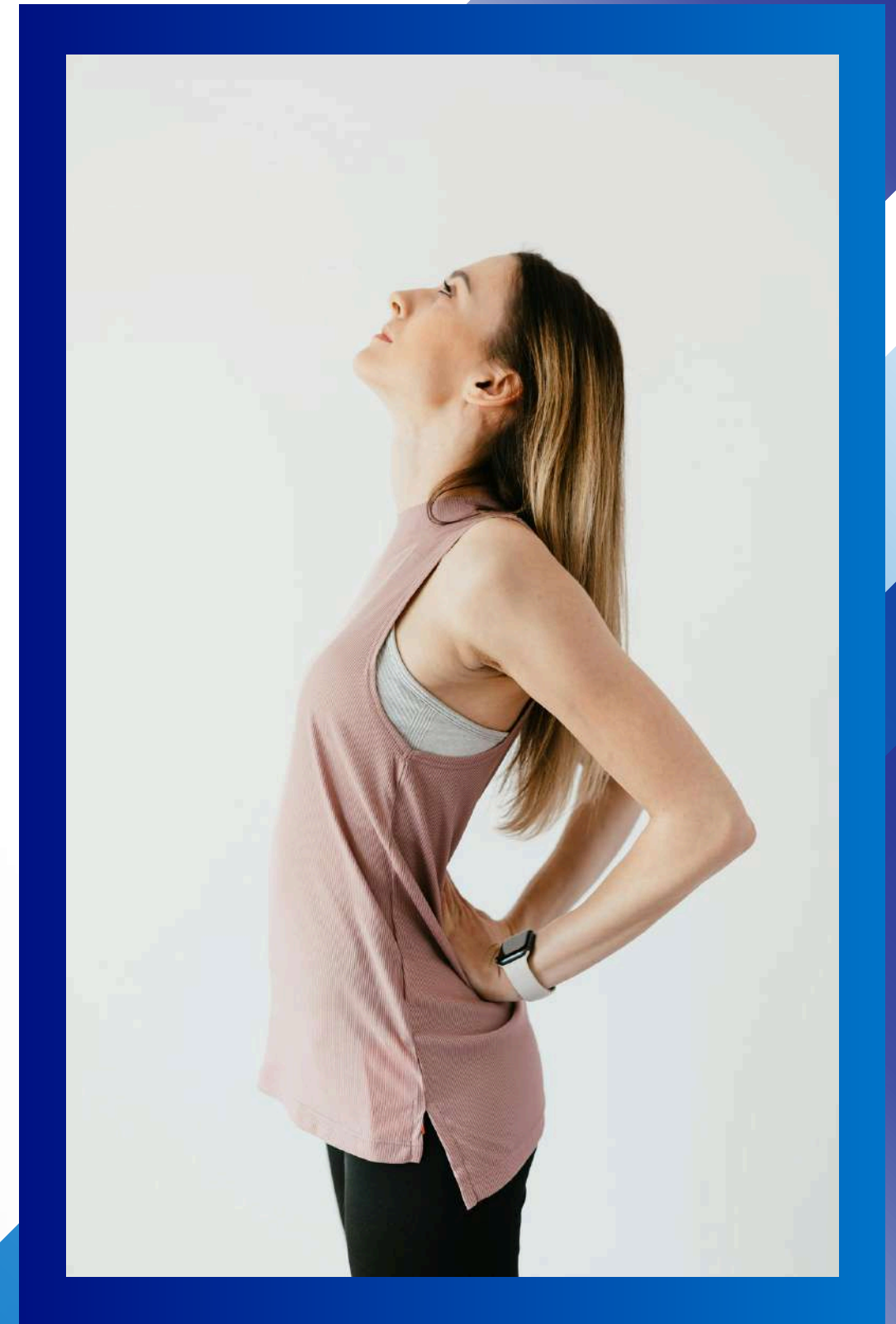
Script:

“There are free audios that walk you through a simple muscle-tensing and relaxing routine from head to toe.

Two easy options are:

- If you like apps: download **Insight Timer**, then search inside it for ‘10-minute progressive muscle relaxation’.
- If you prefer websites search for ‘**Dartmouth Student Wellness progressive muscle relaxation**’ or ‘**Therapist Aid progressive muscle relaxation audio**’.

Each gives you about 10–15 minutes of guided relaxation that you can do lying down or in your recliner.”



8. Visualization

Script:

“Another way to give your mind a rest, even if your body is tired, is ***guided imagery*** or visualization. That just means using your imagination in a focused way to create a calm place in your mind.

You might close your eyes and picture somewhere peaceful—a beach, a forest, your favorite chair—using all your senses: what you see, hear, feel. Spending 5–10 minutes there can lower stress hormones and help your muscles unclench, which can make fatigue feel less overwhelming.

There are free recordings online that guide you through it. Is there a place that feels especially calming to you that you could imagine visiting when you rest?”



8. Visualization (free)

Script:

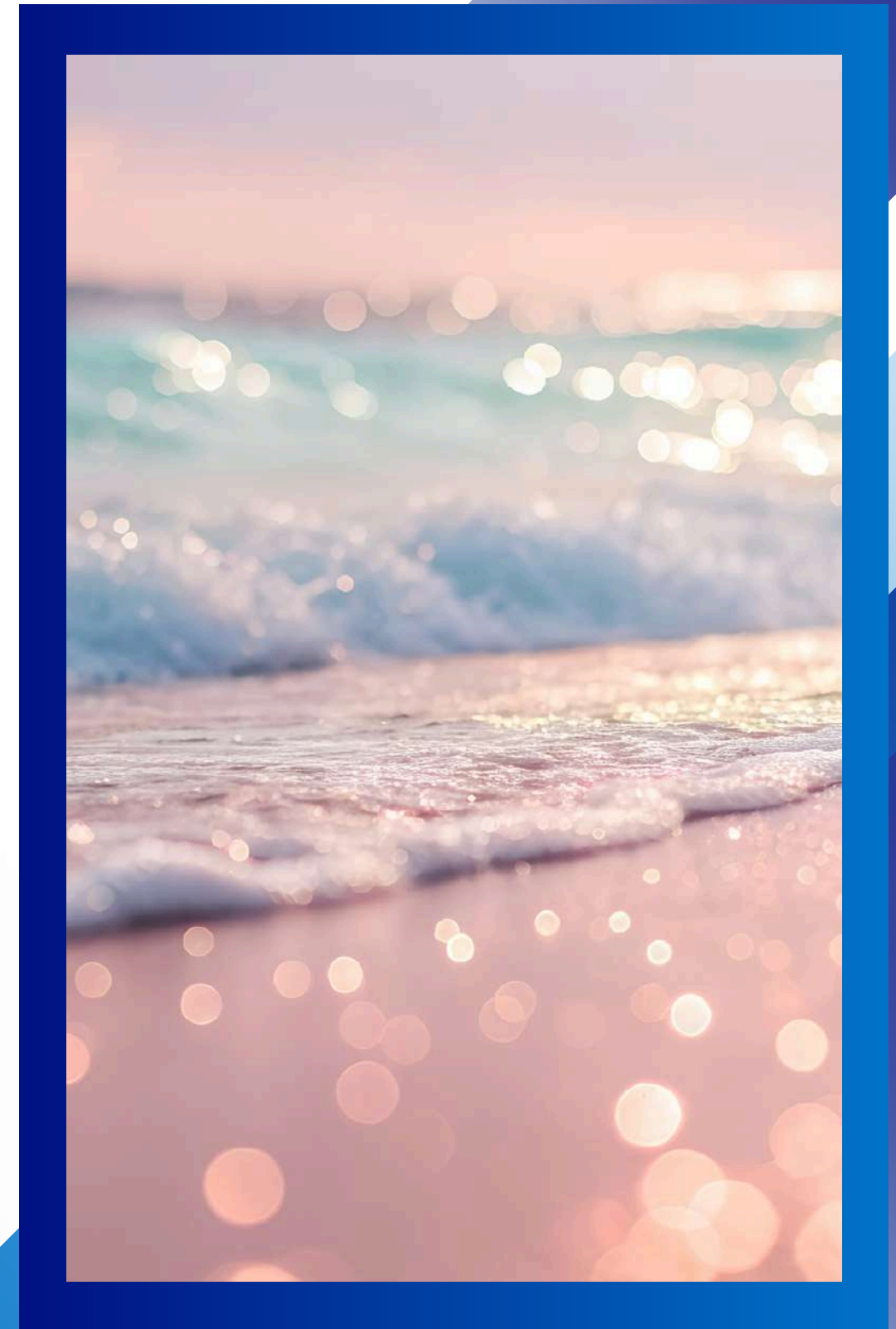
“If you like more of a story-style relaxation, guided imagery might fit you.

It’s basically someone helping you imagine a calm place in detail—like a beach or forest—while your body relaxes.

Some cancer centers put these online for free.
You could search for:

- **‘MSK guided imagery meditations’**
- **‘Hackensack guided imagery let healing begin’**
- or **‘Ann’s Place guided imagery’**

and pick one that feels right. Don’t listen while driving, but they can be great before bed or during an infusion.”



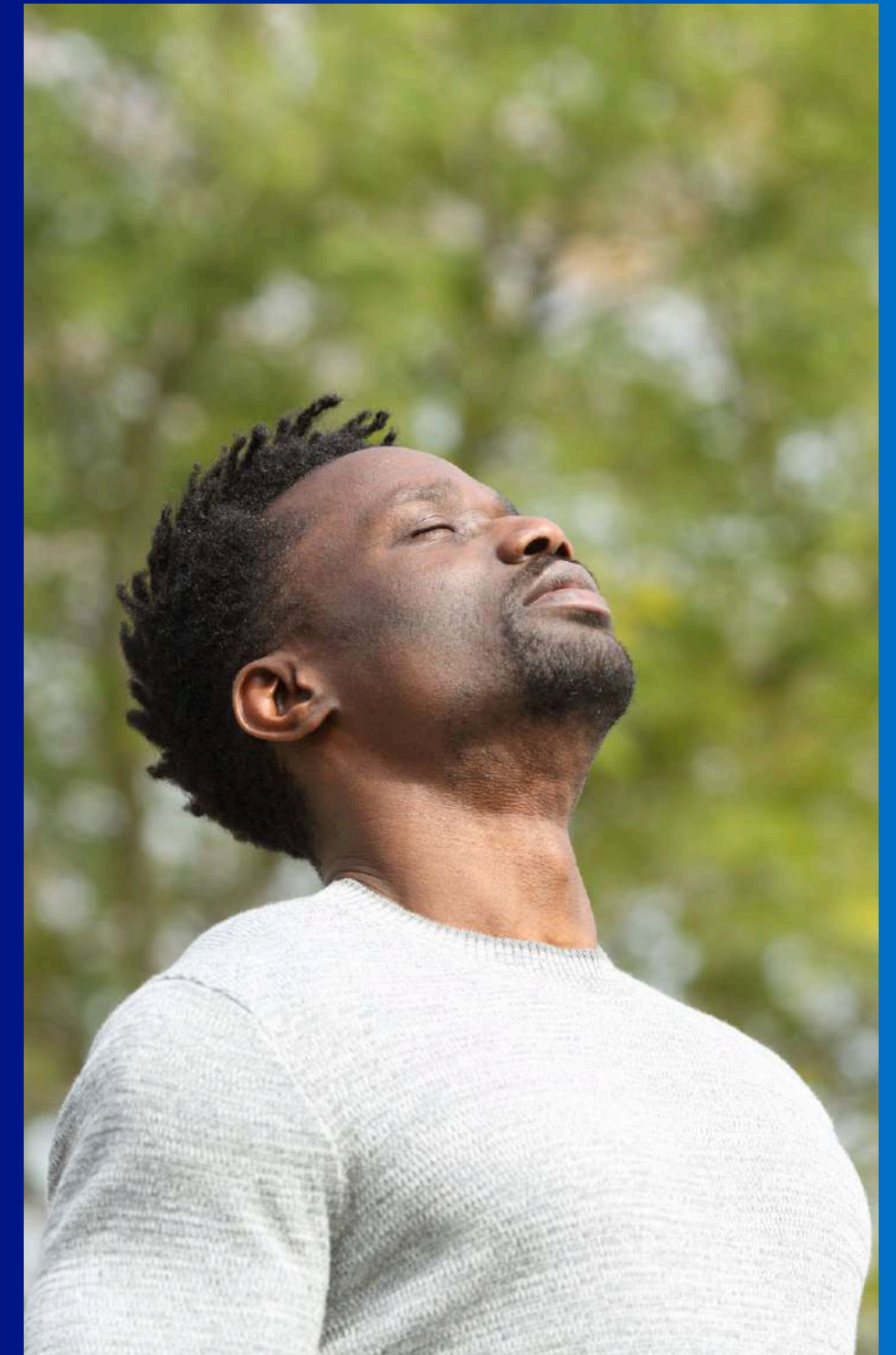
9. Relaxation Activities

Script:

“Stress and worry act like energy leaks—they drain your battery even when you’re just sitting still. Building in some simple relaxation time can patch those leaks.

This could be gentle stretching, slow breathing (for example: breathe in for 4 counts, out for 6), listening to calming music, knitting, coloring, or reading something light. The goal is an activity that feels soothing, not like a task or a project.

Even 10–15 minutes a day can help your body shift out of ‘fight-or-flight’ mode and into ‘rest and repair,’ which supports your energy overall. What’s one relaxing thing you already enjoy that we could protect time for?”



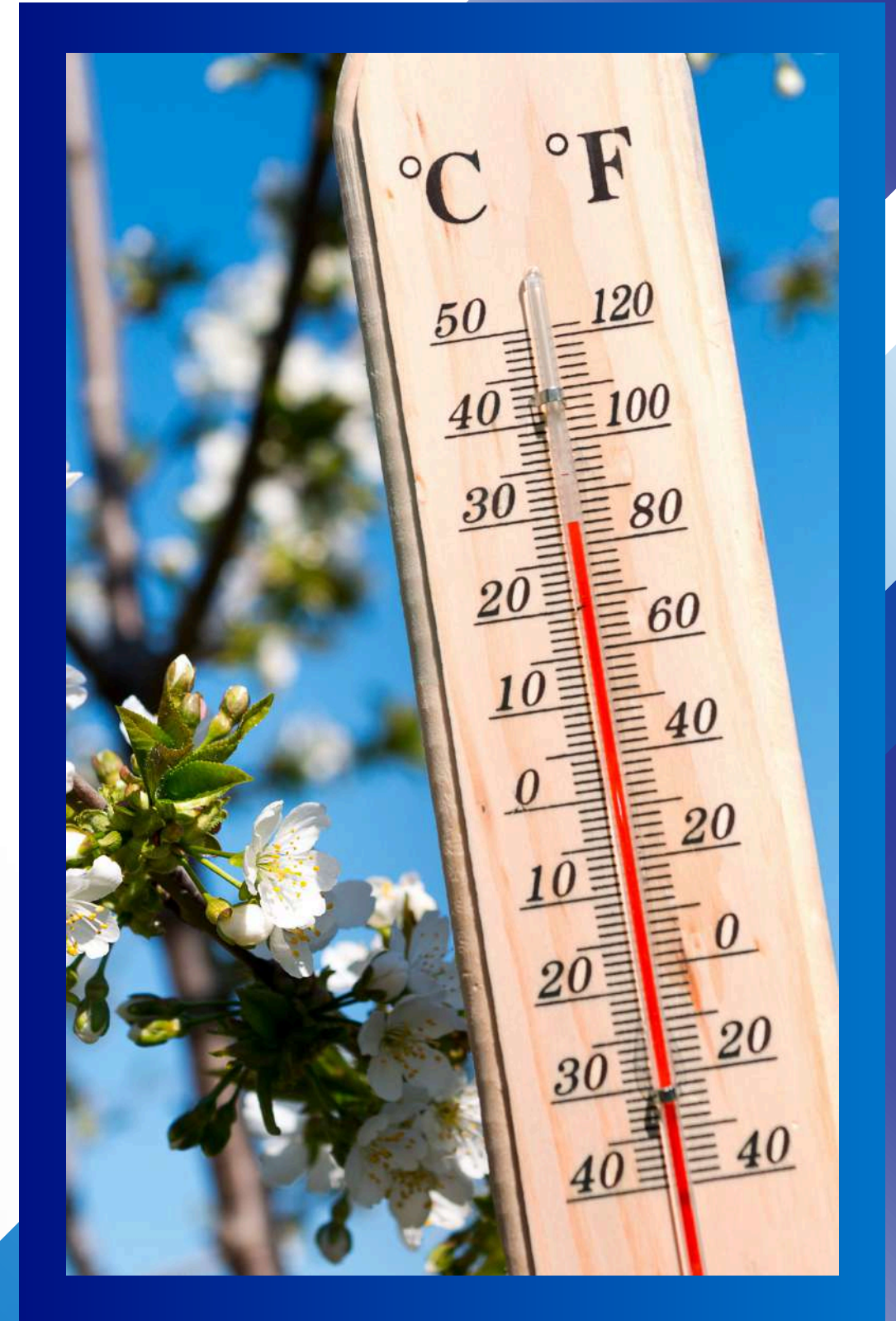
10. Maintain Moderate Temperature at Home

Script:

“When your body is already working hard from treatment, dealing with extremes of temperature is extra tiring. Being too hot or too cold makes your muscles work harder and can worsen fatigue.

Try to keep your home, especially the spaces where you rest, at a comfortable, moderate temperature. In hot weather, that might mean using a fan or AC, closing blinds during the hottest part of the day, and wearing light layers. In cold weather, think layers of clothing, warm socks, and a blanket rather than cranking heat way up and drying out the air.

These little adjustments can reduce the extra work your body has to do just to keep your temperature steady, leaving more energy for healing.”



11. Insomnia (When Fatigue + Poor Sleep Are Both Issues)

“Fatigue and insomnia often travel together—too tired to function during the day, but can’t sleep at night. Improving sleep won’t erase cancer fatigue, but it can make it less intense.

A few key tips (sleep hygiene):

Timing

Keep a regular sleep and wake time, even on weekends.

Electronics

Make the bedroom mainly for sleep—try to avoid TV or phone scrolling in bed.

Food & Drink

Limit caffeine later in the day and heavy meals right before bed.

Take Breaks

If you can’t fall asleep within about 20–30 minutes, get up, do something quiet and relaxing in low light, then try again.

If sleep is really disrupted despite these steps, or you’re awake most of the night, let us know; there may be other medical or medication-related causes we can address.”

Red Flags & When to Escalate

- Fatigue that limits self-care (needing help bathing, dressing, toileting).
- New or worsening: shortness of breath, chest pain, confusion, dizziness, near-falls or actual falls. [cancer.gov+2cancer.gov+2](https://www.cancer.gov/2)
- Inability to eat/drink due to fatigue or co-symptoms (nausea, mucositis).
- Suicidal thoughts, severe depression, or panic.
- Documentation: grade as CTCAE 3 when self-care is limited and alert provider.



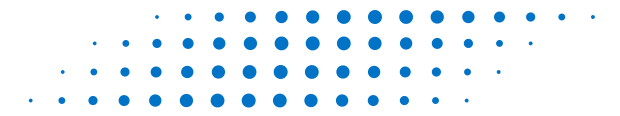


Documentation & Smartphrase

- ✓ **Use CTCAE (Common Terminology Criteria for Adverse Events) grade in your fatigue note.**
- ✓ **Check applicable interventions (your 11 options).**
- ✓ **Include a one-line summary of patient's plan/teach-back (e.g., "Pt will try a 10-minute walk after lunch three times this week.").**

Smartphrase Template

Dot Phrase: “.oncFatigueEdu”



Fatigue: Patient reports cancer-related fatigue.

Severity:

CTCAE v5 fatigue grade:

☐ 1 – mild, relieved by rest

☐ 2 – not relieved by rest; limiting instrumental ADLs

☐ 3 – not relieved by rest; limiting self-care ADLs

0–10 fatigue rating (past 24 hrs): ____ /10

Impact on function (ADLs / IADLs), patient reports fatigue affects:

☐ self-care: ☐ bathing, ☐ dressing, ☐ toileting, ☐ eating, ☐ movement/walking (ADL)

☐ chores/housework (IADL)

☐ work/school (IADL)

☐ social activities (IADL)

☐ driving/safety (IADL / safety)

☐ other: _____

Smartphrase Template

Dot Phrase: “.oncFatigueEdu”

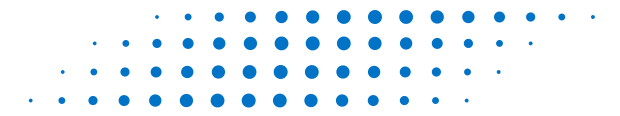
Education provided regarding cancer-related fatigue: differences from normal tiredness, and importance of reporting worsening symptoms.

Self-management strategies reviewed (checked if taught today):

- ☐ Prioritize activities; schedule high-priority tasks for higher-energy times
- ☐ Ask for help with chores/transportation as needed
- ☐ Light to moderate exercise most days as tolerated (if not medically contraindicated)
- ☐ Maintain regular sleep/wake schedule
- ☐ Use short, frequent rest periods instead of prolonged naps
- ☐ Plan daily energy-enhancing/pleasurable activity
- ☐ Progressive muscle relaxation
- ☐ Guided imagery/visualization
- ☐ Other relaxation activity (music, reading, crafts, etc.)
- ☐ Keep home environment at moderate, comfortable temperature
- ☐ Insomnia strategies reviewed (sleep hygiene; when to call)

Smartphrase Template

Dot Phrase: “.oncFatigueEdu”



Patient/family understanding:

Pt verbalized understanding and was able to state back at least one specific strategy they will try:

Plan:

☐ Written fatigue handouts provided/reviewed

☐ Provider notified due to:

☐ CTCAE grade 3 fatigue ☐ safety concerns ☐ other: _____

Follow-up/monitoring plan: _____

Handout 1: General Fatigue Education (UpToDate-style)

Goal in teaching:

Use it to normalize fatigue and highlight when to call.

Quick script as you hand it over:

“This first handout explains fatigue in general—why people can feel wiped out, what medical issues can contribute, and when it could signal something more serious.

I’d like you to focus on two sections: the list of possible causes—so you can see it’s not ‘just in your head’—and the part about when to contact us if fatigue suddenly worsens or you feel unsafe. You don’t have to memorize it; keep it somewhere you can easily grab when you’re wondering, ‘Should I call the clinic about this?’”

Handout 2: (from chemocare.com)

“Fatigue and Cancer Fatigue”

Goal in teaching: Use it for specific strategies (energy conservation, nutrition, exercise, stress).

Quick script as you hand it over:

“This second handout is specifically about cancer-related fatigue—the kind of tiredness that doesn’t necessarily improve with sleep and can feel almost ‘paralyzing.’ It’s long, so don’t feel like you have to read it all at once. For this week, I’d like you to look at just two sections:

- the page on energy conservation (how to plan and pace your day), and
- the page on exercise and stress management.

We talked today about [insert 1–2 strategies you discussed]—you’ll see those ideas explained here in more detail. Next visit, we can check in on what you tried.”

You could even highlight or star the relevant sections for them while they’re in the chair.

Handout 3:

NCI PDQ on Fatigue

Goal in teaching: Empower patients to understand the cause or causes of their fatigue so they can identify the best intervention for them or advocate for themselves

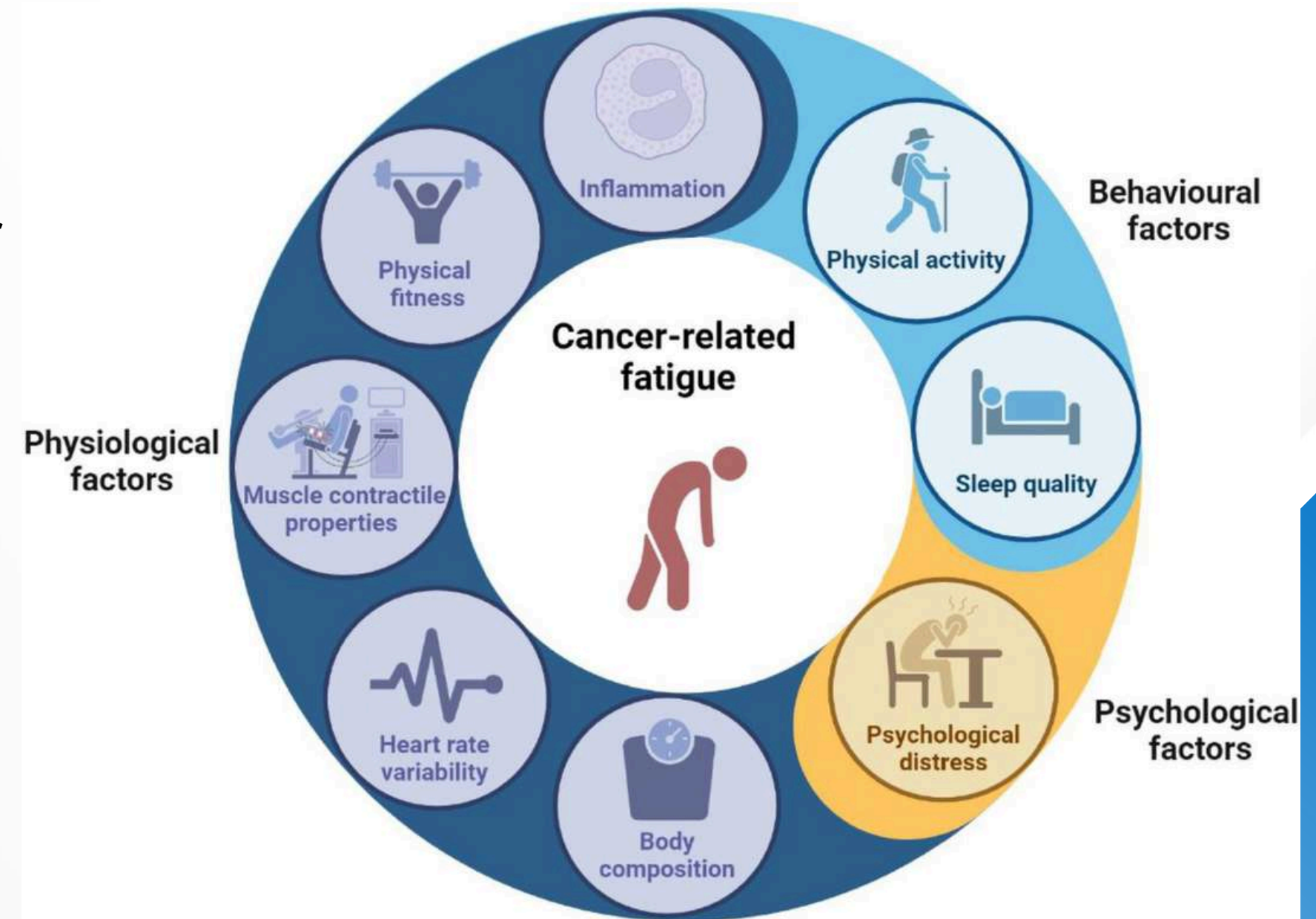
Patient-facing materials:

<https://www.cancer.gov/about-cancer/treatment/side-effects/fatigue>

Nurse-facing materials (PDQ):

<https://www.cancer.gov/about-cancer/treatment/side-effects/fatigue/fatigue-hp-pdq>

Does anyone have other handout recommendations?



Key Take-Home Messages

- Fatigue is common, serious, and treatable.
- CTCAE grades (1–3) guide us how deep to go with teaching.
- Short, specific scripts + our existing handouts + one smartphrase can make our teaching more consistent without taking more time.



THANK YOU

FOR YOUR ATTENTION

If you found this educational session helpful, I am happy to develop more presentations. Please let me know what topics are of interest to you.



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